

(1 Data Item)

Form Approved
OMB No. 0704-0188

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| A. CONTRACT LINE ITEM NO. CLIN xxxx (Lab & T)O | B. EXHIBIT A | C. CATEGORY: TDP _____ TM _____ OTHER _____ X |
|--|------------------------|--|

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|--------------------|--------------------|---------------|
| D. SYSTEM/ITEM | E. CONTRACT/PR NO. | F. CONTRACTOR |
| Metrology Services | | |

| 1. DATA ITEM NO. | 2. TITLE OF DATA ITEM | 3. SUBTITLE |
|------------------|-----------------------|-------------|
| A002 | Quality Plan | |

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|---|---|----------------------------|
| 4. AUTHORITY (Data Acquisition Document No.) OT-2001-30015 | 5. CONTRACT REFERENCE See TechEx 4 Table-1 | 6. REQUIRING OFFICE MLL |
|---|---|----------------------------|

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|---------------------|-------------------------------|------------------------|--|------------------|-----------|-------|
| 7. DD 250 REQ LT | 9. DIST STATEMENT REQUIRED | 10. FREQUENCY ONE/R | 12. DATE OF FIRST SUBMISSION SEE BLOCK 16 | 14. DISTRIBUTION | | |
| 8. APP CODE A | | 11. AS OF DATE | 13. DATE OF SUBSEQUENT SUBMISSION AS REQ | a. ADDRESSEE | b. COPIES | |
| | | | | | Draft | Final |
| | Reg | Repro | | | | |

[illegible]

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|----------------|---------|----------------|---------|
| G. PREPARED BY | H. DATE | I. APPROVED BY | J. DATE |
| | | | |

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| 17. PRICE GROUP |
| 18. ESTIMATED TOTAL PRICE |